



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20503
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Bib Data Sheet

CONFIRMATION NO. 8386

SERIAL NUMBER 09/519,197	FILING DATE 03/06/2000 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. 109140-0002
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APPLICANTS
 David Page, Manchester, MA;
 David Shnaider, Concord, MA;
 Claude Sheer, Boxford, MA;
 Tom Simons, Boston, MA;
 Kathleen Goodwin, Cambridge, MA;

**** CONTINUING DATA ******* (None)

**** FOREIGN APPLICATIONS ******* (None)

IF REQUIRED, FOREIGN FILING LICENSE **** SMALL ENTITY ****
GRANTED ** 04/26/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>OR</u> Initials				

ADDRESS
24267

TITLE
Message-based referral marketing

FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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WASHINGTON, D.C. 20231
www.uspto.gov***BIBDATASHEET***

Bib Data Sheet

CONFIRMATION NO. 8386

SERIAL NUMBER 09/519,197	FILING DATE 03/06/2000 RULE	CLASS 705/26	GROUP ART UNIT 2167	ATTORNEY DOCKET NO. 109140-0002
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APPLICANTS

David Page, Manchester, MA;David Shnaider, Concord, MA;Claude Sheer, Boxford, MA; Tom Simons, Boston, MA;Kathleen Goodwin, Cambridge, MA;

(File)

** CONTINUING DATA *****

OK

(None)

** FOREIGN APPLICATIONS *****

OK

(None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/26/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <u>OK</u> Initials				

ADDRESS

Steven J Frank
Cesari and McKenna
30 Rowes Wharf
Boston, MA
02110

TITLE

Message-based referral marketing

FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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